



Mission Team Member Information Form

Name (as it appears on Passport): _____ Preferred Name: _____

Passport Number: _____ Passport Expiration Date: _____

Issuing Authority listed on Passport: _____

Birth Date: _____ Age: _____ E-mail Address: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Occupation: _____ Work # (if you may be contacted at work): () _____

Weight (in Kilograms) _____ (This is needed for the in-country flight with MAF)

Shirt Size: S M L XL 2X 3X

Church / Team Name: _____

Emergency Contact and Phone Number: _____

Beneficiary: _____

Preferred Location for Mission Trip: _____

Preferred Dates for Mission Trip: _____

Do you have any medical restrictions/handicaps/medical allergies that we need to be aware of?

No Yes (If yes, explain) _____

Each team member is required to submit a \$300.00 non-refundable/non-transferable deposit fee in order to secure a spot on a team, as well as the Waiver of Liability form. All checks should be made payable to Four Corners Ministries (FCM) and mailed to 202 South 8th Street, Opelika, AL 36801. We would like to request that half of your trip fees are paid at least 60 days prior to departure with the remaining balance due 30 days prior to departure. A position on the team cannot be held until the Waiver and the deposit are received.

Cancellation Policy: In the case that you have to cancel your trip due to unforeseen circumstances, you are responsible for the cost of your flight after it is booked. For any cancellation made one month prior to your trip, there is no guarantee that FCM can refund your trip fees.

(Signature)

(Date)